STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

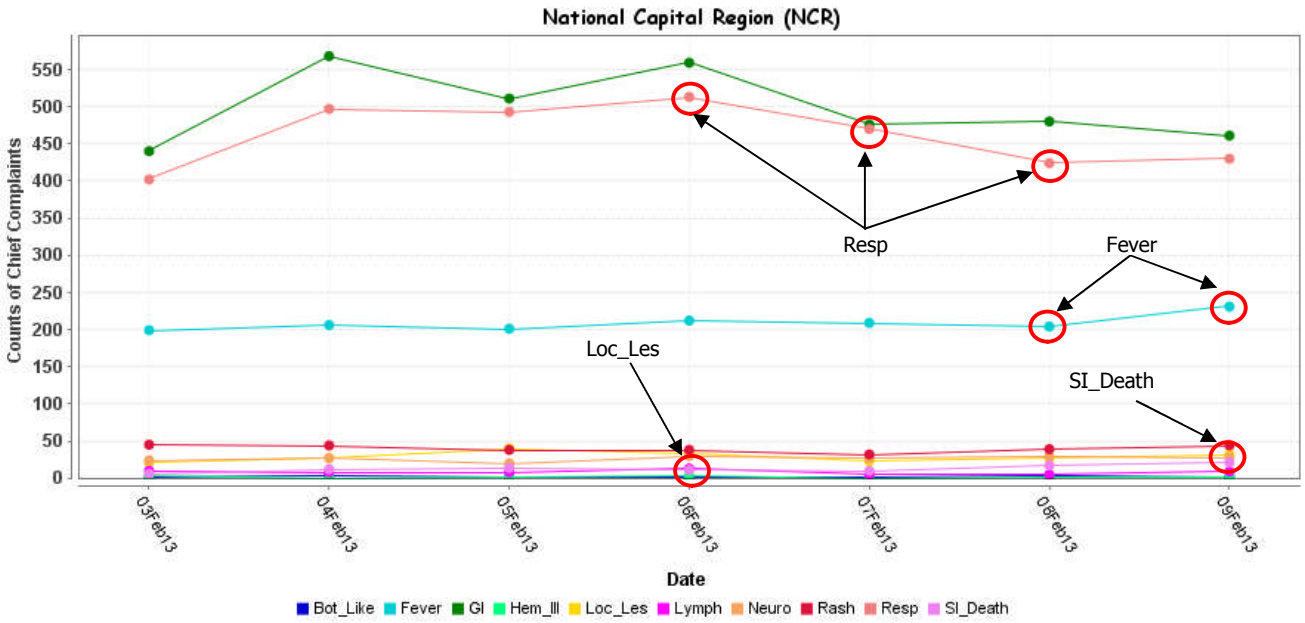
February 15, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:06
Reporting for the week ending 02/09/13 (MMWR Week #06)

CURRENT HOMELAND SECURITY THREAT LEVELS

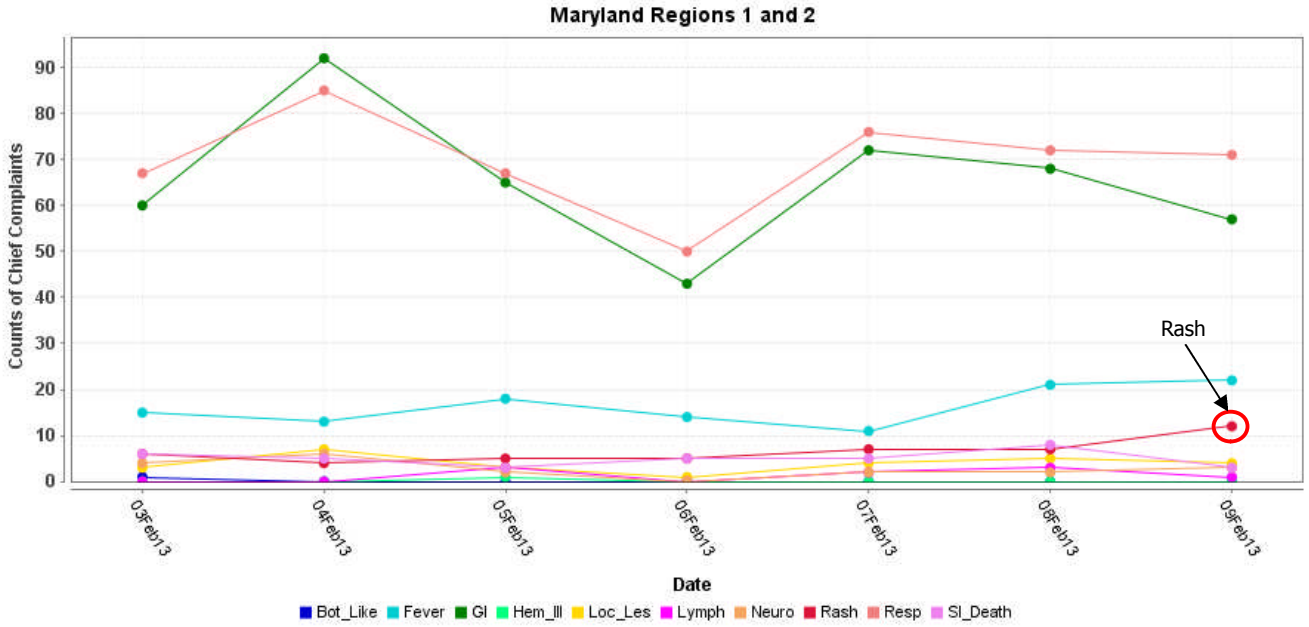
National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

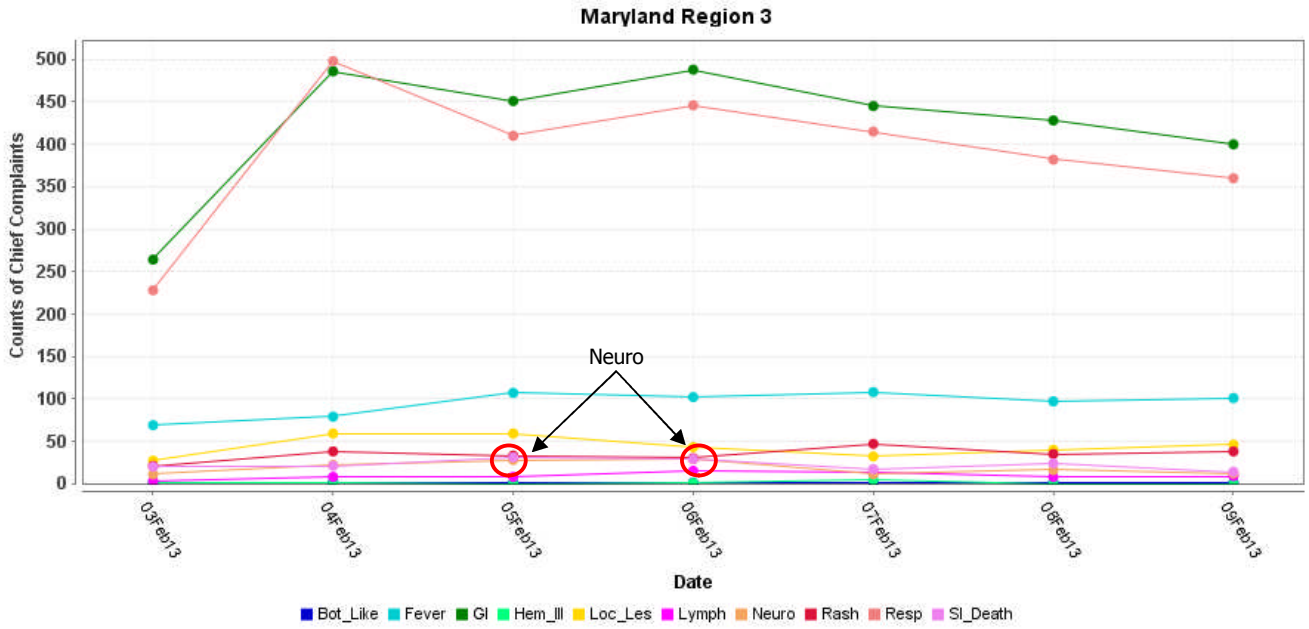


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

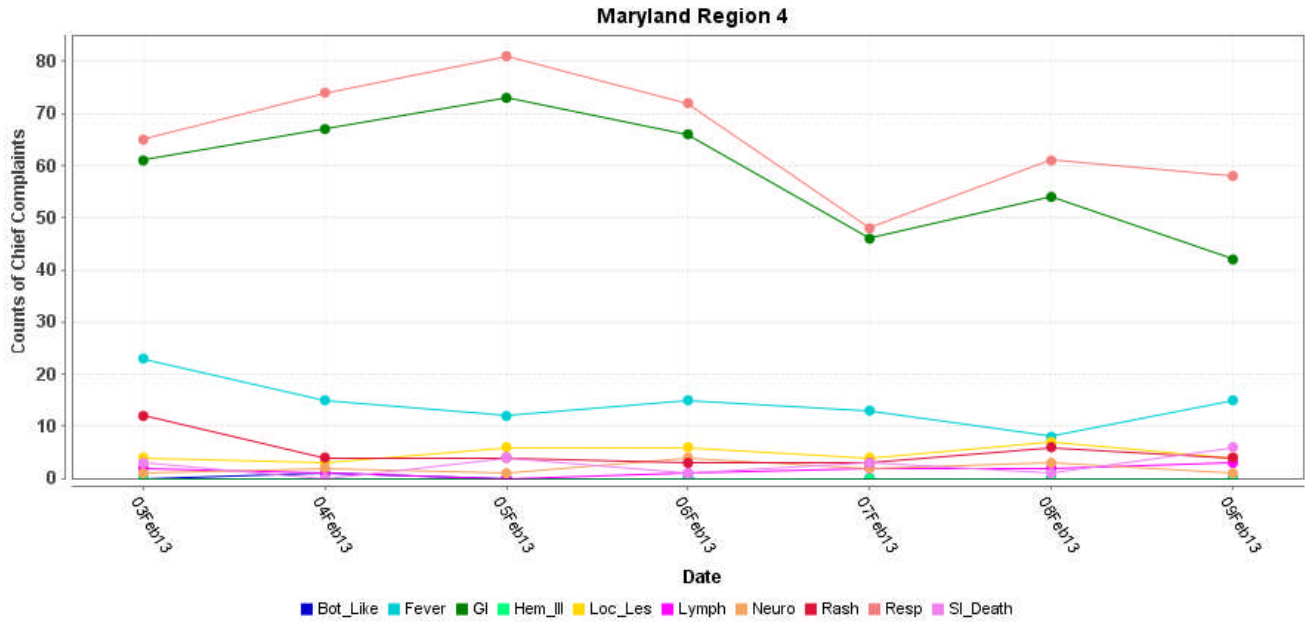
MARYLAND ESSENCE:



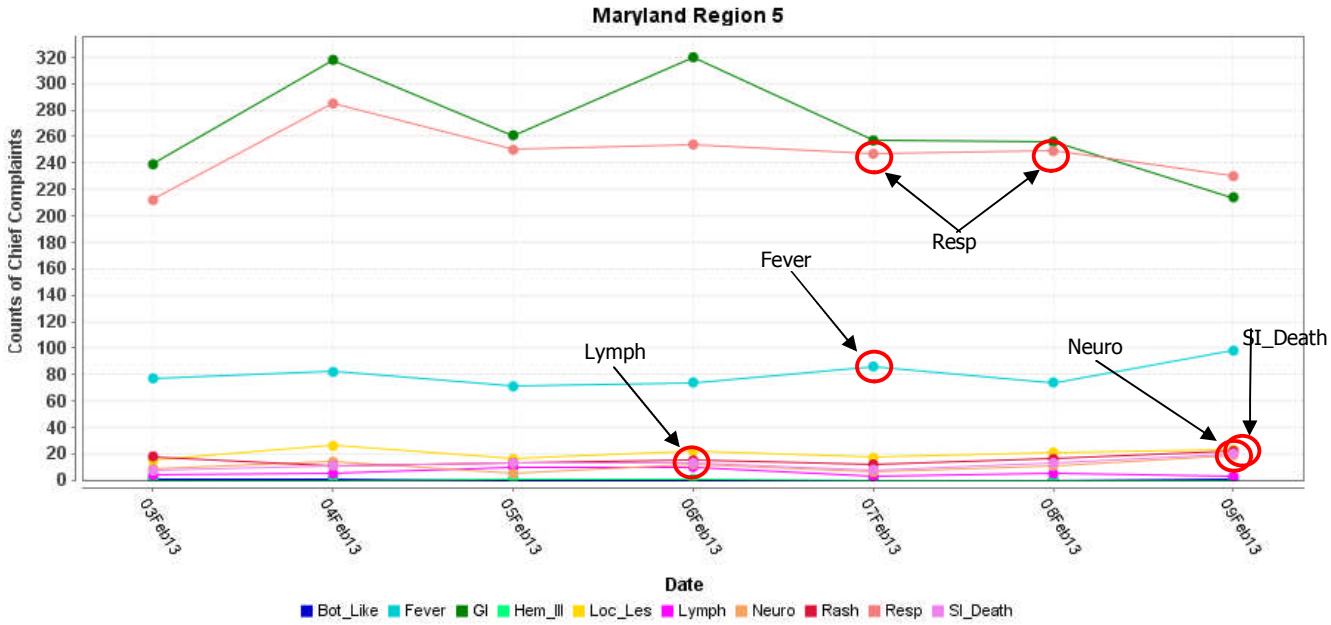
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



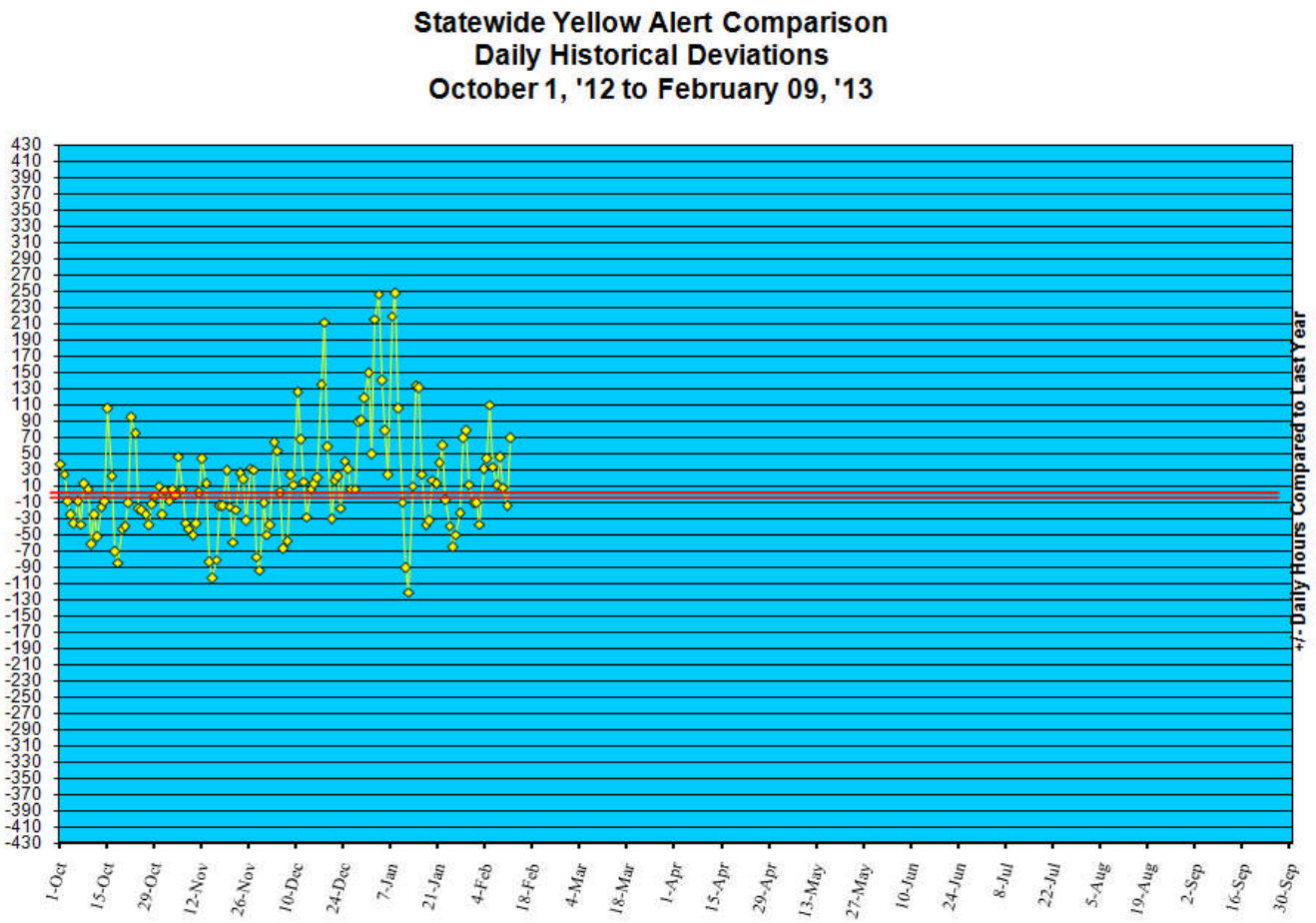
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in December 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (February 3 –February 9, 2013):	2	0
Prior week (January 27 –February 2, 2013):	14	0
Week#6, 2012 (February 5 – February 11, 2012):	7	0

22 outbreaks were reported to DHMH during MMWR Week 6 (February 3-9)

17 Gastroenteritis Outbreaks
6 outbreaks of GASTROENTERITIS in Nursing Homes
4 outbreaks of GASTROENTERITIS in an Assisted Living Facilities
2 outbreaks of GASTROENTERITIS in Hospitals
2 outbreaks of GASTROENTERITIS in Day Care Centers
3 outbreaks of GASTROENTERITIS in Schools

1 Foodborne outbreak
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant

4 Respiratory illness outbreaks
1 outbreak of INFLUENZA in a Nursing Home
1 outbreak of INFLUENZA in an Assisted Living Facility
1 outbreak of INFLUENZA/PNEUMONIA in an Assisted Living Facility
1 outbreak of ILI in a Nursing Home

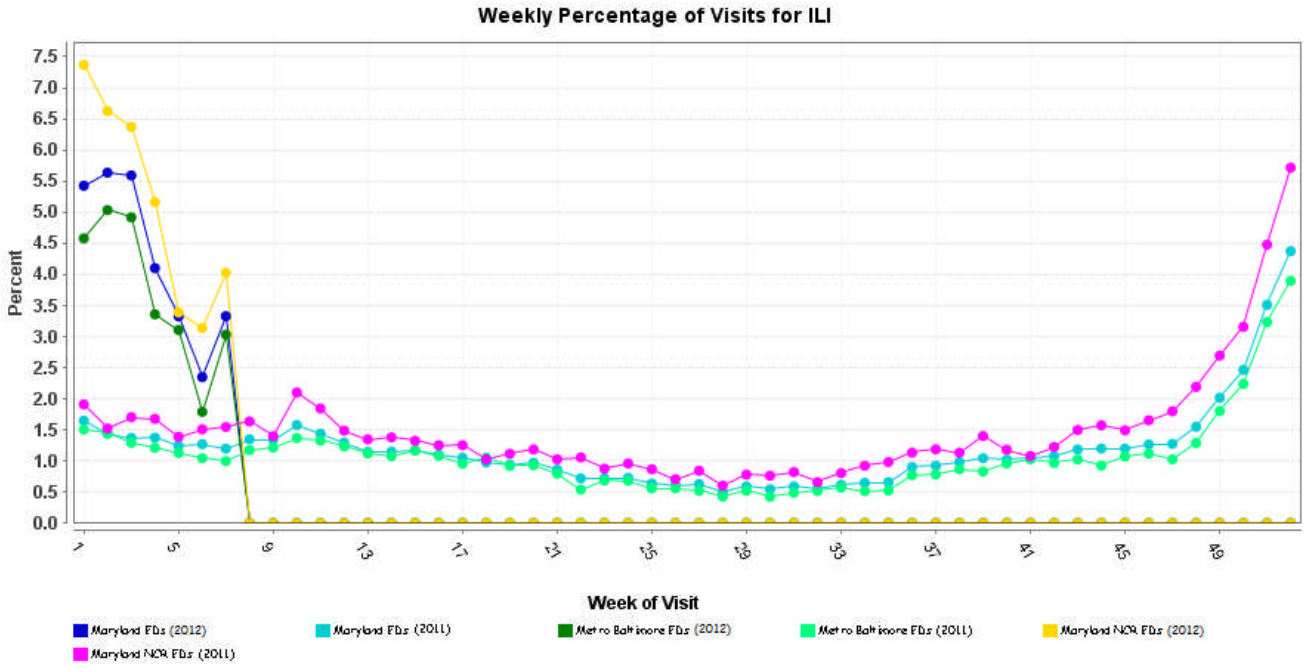
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 6 was: Widespread Activity with Low Intensity.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

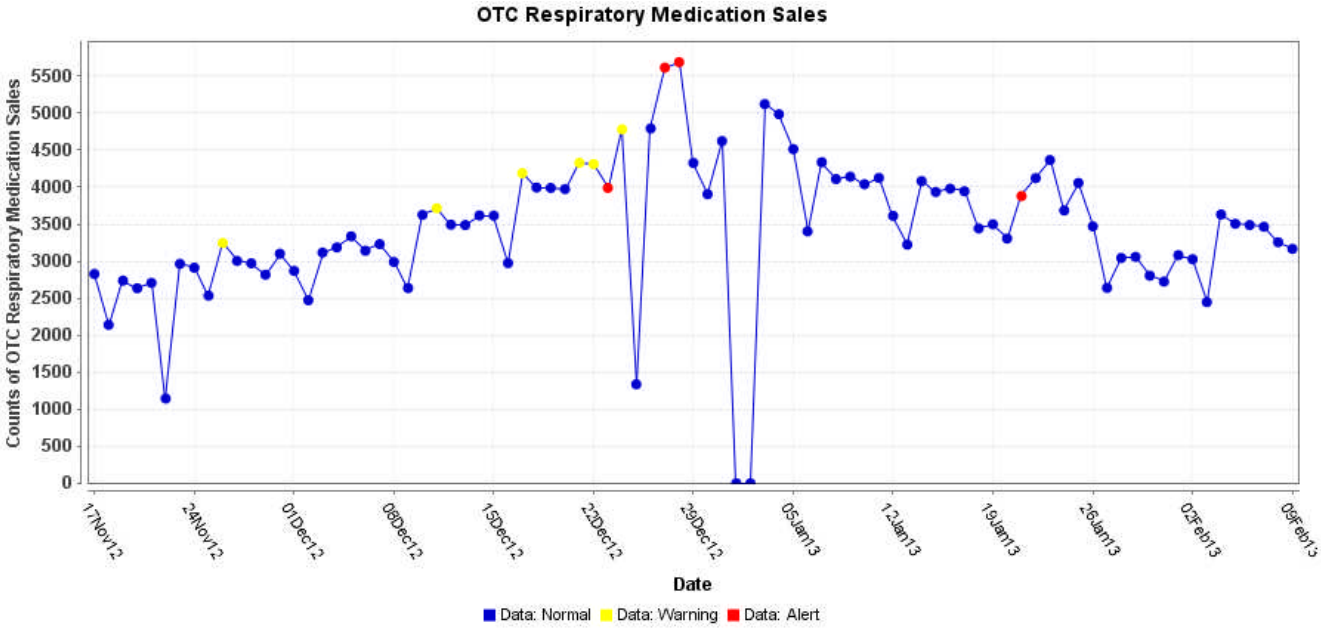


* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total

*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic. As of February 1, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 615, of which 364 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA (CAMBODIA): 8 February 2013, The Ministry of Health (MoH) of the Kingdom of Cambodia wishes to advise members of the public that one more new human case of avian influenza has been confirmed positive for the H5N1 virus. The 6th case is a a 5 year old girl from Angk Krasang village, Prey Lvea commune, Prey Kabass district in Takeo province who was diagnosed with H5N1 influenza on 7 Feb 2013 by Institut Pasteur du Cambodge. She developed symptoms on 25 Jan 2013 with fever, cough, and vomiting. She was initially treated by local private practitioners. Her condition worsened and she was admitted to Kantha Bopha Hospital on 31 Jan 2013. Unfortunately, despite intensive medical care, she died on Thu 7 Feb 2013. There is evidence of recent deaths among poultry in her village and the girl had a history of coming into contact with poultry prior to becoming sick. The girl is the 27th person in Cambodia to become infected with [avian influenza] H5N1 virus, and the 6th person this year [2013] and the 24th person to die from complications of the disease. Of all the 27 cases, 18 were children under 14, and 18 of the 27 confirmed cases were females.

NATIONAL DISEASE REPORTS*

There were no national disease reports for MMWR Week 6.

INTERNATIONAL DISEASE REPORTS*

YELLOW FEVER (TANZANIA): 05 February 2013, Random authorization and issuance of yellow fever certificates has come to the attention of the government, which has launched an investigation to nab perpetrators. The document, usually issued to travellers visiting foreign countries after being administered with vaccination against yellow fever, is reportedly being issued indiscriminately at Mnazi Mmoja and at the airport in Dar es Salaam, with bribes in return for the illegal service. The deputy minister for health and social welfare, Dr Seif Suleiman Rashid, informed legislators in Dodoma that those seeking shortcuts risked health complications, and both legal and disciplinary measures would be taken against those issuing certificates. The deputy minister was responding to a question by Haji Khatibu Kai, (MP for Micheweni [Civic United Front]) who demanded clarification on the purpose of yellow fever vaccination for travellers and the need for the government to hire and deploy more health officers at Horohoro Border Post in Tanga Region, where some of the travellers cross the border without being examined. There are only 2 officers in the area. "[Inappropriate] issuance of yellow fever certificates is uncalled-for and cannot be tolerated. The society should refuse to run unnecessary risks because travelling out of the country without vaccination is dangerous to the traveller, who could contract the disease and spread it to others back home," Dr Rashid explained. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

CHOLERA, DIARRHEA AND DYSENTERY (CUBA): 05 February 2013, The Cafe Fuerte website reported 2 more people have died in Cuba as a result of cholera, this time in the eastern provincial capital of Holguin. According to the note, the victims are women (42 and 79 years of age), who had apparently participated in a quinceanera (children's "sweet-sixteen" party) in which several attendees became ill with diarrhea, initially thought to be from simple indigestion, and taken to local hospitals. Currently there are more than 100 cases of suspected cholera affecting adults and around 50 among children in different Holguin neighborhoods, according to Cafe Fuerte's sources within the Department of Hygiene and Epidemiology of the province. A little more than a week ago, authorities in neighboring Granma Province also confirmed the reappearance of cholera in the provincial capital of Bayamo. Cases have also been reported in Guantanamo Province. The source of the cholera, appearing on the island for the 1st time in 100 years, is considered by experts to be from Cuban medical personnel who served in Haiti, where thousands have died from the disease since the 2010 earthquake there. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (PANAMA): 08 February 2013, The Department of Epidemiology, Ministry of Health, confirmed another new case of [a] hantavirus [infection] in a 35 year old woman who resides in the Carrizal community, Sona district of Veraguas province. Ricardo Chong, epidemiologist of the Ministry of Health, said that to date [this year (2013)], 3 cases of hantavirus [infection] have been reported, all from the Sona district in less than one month. The woman affected by [a] hantavirus remains hospitalized in the Doctor Luis Chico Rabrega Regional Hospital of Veraguas, with serious respiratory problems. The health authorities maintain operations so that the owners of homes and businesses comply with sanitary measures in order to avoid more cases of hantavirus [infection]. (Hantavirus is listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable